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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	ELITE INTE	ERNATIONAL ACADEMIC	SERVICES LLC			
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		JULIO C DE LOS RIOS				
		***************************************	Name of Person			
DLR PROFESSIONAL SERVICES INC						
Firm/Company						
2500 HOLLYWOOD BLVD SUITE 208						
			Address			
HOLLYWOOD, FLORIDA 33020						
		DLRCORP@AOL.COM	City/State and Zip Code			
		_	to be used for future annual report not	ilication)		
For further in	nformation co	oncerning this matter, please ca			2021 JUH - 7 AM II: 0 SECACION FOR SECEPT	
JULIO		as Rics	at (<u>954</u>) <u>\$16 -</u> Area Code Daytin	4119		• •
	Name of	Person	Area Code Daytin	ne Telephone Number	7 AM	** ***********************************
Enclosed is a	check for the	e following amount:			,	
≡ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate of Certified Co (additional cop	of Status &	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE INTERNATIONAL ACADEMIC SERVICES LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con Florida document number <u>L20000180285</u>	mpany were filed on 06/26/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		BZI Juli
New Registered Office Address:	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registered a	Agent:	$\widetilde{\sigma}_{i} = \widetilde{\mathcal{G}}_{i}$

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	GIANELLA K. LA TORRE	846 VANDA TERRACE	
		WESTON, FLORIDA 33327	≡ Remove
			□Change
AMBR	FHARID O. LA TORRE	846 VANDA TERRACE	□Add
		WESTON, FLORIDA 33327	■Remove
			© Change
AP	FARID LA TORRE	846 VANDA TERRACE	🗆 Add
		WESTON, FLORIDA 33327	2020 Remove
			Change:
			□ □ □ □ Remove
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